AFFIDAVIT

STATE OF MASSACHUSETTS)	
COUNTY OF Soffolk) ss.:	
I, las labinout being (Print Full Name)	duly sworn, depose and state:
I am employed by Philip Morris Inco	rporated as a TSW. (Title)
On 10/15. 1997 I purchased the cigarettes in the quantities indicated from	e following brand styles of Marlboro 1 17020 24 and located
at 1624 Bluehill Ave, Mall within the	(Name of Retailer) County of Soll, at a total
(Street Address of Retailer) cost of \$121.04	
Marlboro Brand Style	Quantity of Packs Purchased
(Check for each Purchased)	(Complete for each Purchased)
Marlboro Long Size (Box) Marlboro King Size (SP) Marlboro King Size (25/pack) Marlboro 100 (SP) Marlboro 100 (Box) Marlboro Menthol King Size (SP) Marlboro Menthol King Size (Box) Marlboro Medium King Size (SP) Marlboro Medium King Size (Box) Marlboro Medium 100 (SP) Marlboro Medium 100 (Box) Marlboro Lights King Size (SP) Marlboro Lights King Size (Box) Marlboro Lights King Size (Box) Marlboro Lights 100 (SP) Marlboro Lights Menthol King Size (SP) Marlboro Lights Menthol King Size (Box) Marlboro Lights Menthol King Size (Box) Marlboro Lights Menthol 100 (SP) Marlboro Lights Menthol 100 (SP) Marlboro Lights Menthol 100 (Box)	Jack met rue lac

I submit this Affic	lavit for the benefit of the State of Massachusetts with the
understanding that it wi	Ill be relied upon to determine whether Philip Morris
Incorporated has compli	ed with the Massachusetts Regulation, "Cigarette and
Smokeless Tobacco Prod	ucts: Reports of Added Constituents and Nicotine Ratings".
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10/15 197	(almor)
Date	Signature